

IN RE: NAME OF DEBTOR (Last, First, Middle) <b>Ferralez, Ramon,</b>	NAME OF JOINT DEBTOR (Spouse)(Last, First, Middle) <b>Ferralez, Dawn, E.</b>
ALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE DEBTOR IN THE LAST 6 YEARS	ALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE JOINT DEBTOR IN THE LAST 6 YEARS
Soc. Sec./Tax I.D.No.(If more than one, state all): <b>XXX-XX-8648</b>	Soc. Sec./Tax I.D.No. (If more than one, state all): <b>XXX-XX-3462</b>
ADDRESS OF DEBTOR (Street, City, State, and Zip Code) <b>15210 Laramie Oak Forest IL 60452</b>	ADDRESS OF JOINT DEBTOR(Street, City, State and Zip Code) <b>15210 Laramie Oak Forest IL 60452</b>
COUNTY OF RESIDENCE <b>COOK</b>	COUNTY OF RESIDENCE <b>COOK</b>
MAILING ADDRESS OF DEBTOR (If different from Street Address)	MAILING ADDRESS OF DEBTOR (If different from Street Address)
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different address listed above)	VENUE (Check one) <input checked="" type="checkbox"/> [ X ] Debtor has been domiciled or has had a residence, principal place of business, of principal assets in this District for 180 Days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> [ ] There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR <input type="checkbox"/> [ ] Individual <input checked="" type="checkbox"/> [ X ] Joint (Husband & Wife) <input type="checkbox"/> [ ] Partnership <input type="checkbox"/> [ ] Other _____ NATURE OF DEBT <input checked="" type="checkbox"/> [ X ] Non-Business/Consumer A. TYPE OF BUSINESS (Check One Box) <input type="checkbox"/> [ ] Farming <input type="checkbox"/> [ ] Professional <input type="checkbox"/> [ ] Retail/Wholesale <input type="checkbox"/> [ ] Railroad <input type="checkbox"/> [ ] Transportation <input type="checkbox"/> [ ] Manufacturer/Mining <input type="checkbox"/> [ ] Stock Broker <input type="checkbox"/> [ ] Commodity Broker <input type="checkbox"/> [ ] Construction <input type="checkbox"/> [ ] Real Estate <input type="checkbox"/> [ ] Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS	CHAPTER OF THE BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input type="checkbox"/> [ ] Chapter 7 <input type="checkbox"/> [ ] Ch. 7 Broker <input type="checkbox"/> [ ] Ch. 9 <input type="checkbox"/> [ ] Ch. 11 <input type="checkbox"/> [ ] Chapter 11 Railroad <input type="checkbox"/> [ ] Chapter 12 <input checked="" type="checkbox"/> [ X ] Chapter 13 <input type="checkbox"/> [ ] Sec. 304 FILING FEE (Check on box) <input checked="" type="checkbox"/> [ X ] Filing fee attached <input type="checkbox"/> [ ] Filing fee to be paid in installments NAME AND ADDRESS OF LAW FIRM OR ATTORNEY <b>URBAN &amp; BURT, LTD. 5320 W. 159th Street Oak Forest, IL 60452 708-687-5200</b> Name of Attorney Designated to Represent Debtor <b>URBAN &amp; BURT, LTD. (URBA) 6182264</b>
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STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604)

<input type="checkbox"/> [ ] No assets will be available for distribution to creditors <input checked="" type="checkbox"/> [ X ] Assets will be available for distribution to creditors ESTIMATED NUMBER OF CREDITORS 1-15 16-49 50-99 100-999 1000-over <input type="checkbox"/> [ ] <input checked="" type="checkbox"/> [ X ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] ESTIMATED ASSETS (IN THOUSANDS OF DOLLARS) Under 50 50-99 100-499 500-999 1000-over <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input checked="" type="checkbox"/> [ X ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] ESTIMATED LIABILITIES (IN THOUSANDS OF DOLLARS) Under 50 50-99 100-499 500-999 1000-over <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input checked="" type="checkbox"/> [ X ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] ESTIMATED NUMBER OF EMPLOYEES-CHAPTER 11 AND 12 ONLY 0 1-19 20-99 100-999 1000-over <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] ESTIMATED NO. OF EQUITY SECURITY HOLDERS-CH. 11 & 12 ONLY 0 1-19 20-99 100-999 1000-over <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ] <input type="checkbox"/> [ ]	THIS SPACE FOR COURT USE ONLY
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Name of Debtor **Ramon Ferralez**  
**Dawn E. Ferralez**

Case Number

## FILING OF PLAN

For Chapter 9, 11, 12, and 13 cases only, Check appropriate box

☐ A copy of debtor's proposed plan is attached. ☒ Debtor intends to file a plan within the time allowed by statute, rule or order of court.

## PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS

Location Where Filed

Case Number

Date Filed

NORTHERN DIST., IL

02 B 47905 SQUIRES

12/05/2002

## PENDING CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR

Name of Debtor

Case Number

Date

Relationship

District

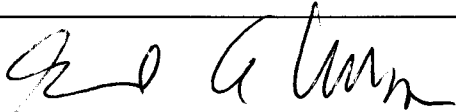
Judge

## REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code specified in this petition.

## SIGNATURES

ATTORNEY



Date: Mar 24, 2005

Debtors Attorney

## INDIVIDUAL JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct.

  
**Ramon Ferralez**  
**Dawn E. Ferralez**  
Mar 24, 2005

## CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct.

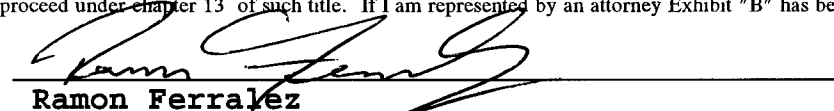
Signature of Authorized Individual

Title of Individual Authorized to File this Petition  
Mar 24, 2005

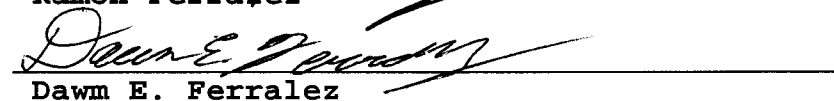
EXHIBIT "A" is attached and made part of this petition (Corporate debtor under Chapter 11)

## TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS

I am aware that I may proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under such chapter, and choose to proceed under chapter 13 of such title. If I am represented by an attorney Exhibit "B" has been completed below.

  
**Ramon Ferralez**

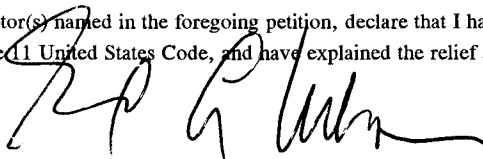
Mar 24, 2005

  
**Dawn E. Ferralez**

Mar 24, 2005

## EXHIBIT "B" (to be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I am the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she or they) may proceed under Chapter 7, 11, 12, 13 of title 11 United States Code, and have explained the relief available under each chapter which is applicable to this debtor.



Mar 24, 2005

Debtors Attorney

**UNITED STATES BANKRUPTCY COURT**  
**NOTICE TO INDIVIDUAL CONSUMER DEBTOR**

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Neither the judge nor the court's employees may provide you with legal advice.

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**Chapter 7: Liquidation**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to a valid security interest. Your attorney can explain the options that are available to you.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income.**

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but not more than five years.  
Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain other debts including criminal restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

**Chapter 11: Reorganization**


Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer**

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to a chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.

I, the debtor, affirm that I have read this notice.

Mar 24, 2005



**COMBINED CHAPTER 13 SCHEDULE D, E, & F** **PAGE 1**  
**CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 11224673 Washington Mutual Attention: Bankruptcy Dept. 7800 North 113th Street Milwaukee, WI 53224	107000.00				
BRIEF DESCRIPTION OF SECURITY 15210 S. LARAMIE, OAK FOREST VALUE \$ 125000.00					
NATURE OF CLAIM SECURED 100% VALUE OUTSIDE PLAN MORTGAGE					
ACCOUNT # 4277 United Acceptance Corp C/O Kevin Kelly 10 East 22nd Street, Suite 216 Lombard, IL 60148	2372.51	1700.00			
BRIEF DESCRIPTION OF SECURITY 1991 BLAZER VALUE \$ 500.00					
NATURE OF CLAIM SECURED 100% VALUE AUTO LOAN					
ACCOUNT # 11224673 Washington Mutual C/O Shapiro & Kreisman 4201 Lake Cook Road Northbrook, IL 60062	7500.00		872.22		
BRIEF DESCRIPTION OF SECURITY 15210 S. LARAMIE, OAK FOREST VALUE \$ 125000.00					
NATURE OF CLAIM SECURED 100% VALUE MORTGAGE ARREARAGES					
=====					
<b>TOTAL SECURED - SCHEDULE D \$ 116872.51</b>					
=====					
ACCOUNT # 2003M5-001981 C.P. Auto C/O Vel Sreeni Vasan P.O. Box 1916 Bridgeview, IL 60455	500.00				
NATURE OF CLAIM UNSECURED %					
ACCOUNT # 4388642224229123 Capital One Bankruptcy Department P.O. Box 85167 Richmond, VA 23285	400.00				
NATURE OF CLAIM UNSECURED % CONSUMER DEBT					
ACCOUNT # 76969966 Certegy Payment Recovery Serv. 11601 Roosevelt Boulevard St Petersburg, FL 33716	296.24				
NATURE OF CLAIM UNSECURED % RETURNED CHECK					

**COMBINED CHAPTER 13 SCHEDULE D, E, & F** **PAGE 2**  
**CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 9053844268 City Of Chicago Department Of Revenue P.O. Box 88298 Chicago, IL 60680-1290	30.00				
NATURE OF CLAIM UNSECURED % PARKING TICKET					
ACCOUNT # 01100118398-08 City Of Oak Forest 15440 South Central Avenue Oak Forest, IL 60452-2195	1836.00				
NATURE OF CLAIM UNSECURED % WATER BILL					
ACCOUNT # 0883587013 Commonwealth Edison/Exelon Customer Care Center P. O. Box 87522 Chicago, IL 60680	2326.96				
NATURE OF CLAIM UNSECURED % ELECTRIC BILL					
ACCOUNT # 003396-00 Dr. Gail Miller C/O Jerry Salzberg 205 West Randolph Street Chicago, IL 60606	1031.60				
NATURE OF CLAIM UNSECURED % MEDICAL SERVICES					
ACCOUNT # 5433628747038473 First Premier Bank P.O. Box 5519 Sioux Falls, SD 57117-5519	400.00				
NATURE OF CLAIM UNSECURED % CONSUMER DEBT					
ACCOUNT # 101027559 Lifetime Fitness 6442 City West Parkway, #300 Eden Prairie, MN 55344	239.90				
NATURE OF CLAIM UNSECURED %					

**COMBINED CHAPTER 13 SCHEDULE D, E, & F** **PAGE 3**  
**CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 1011104 Lifewatch/C.C.R. P.O. Box 24475 Cleveland, OH 44124-0475	259.40				
NATURE OF CLAIM UNSECURED %					
ACCOUNT # 1283268 Loyola Univ. Phyn's Foundation 2160 S. First Avenue Westchester, IL 60153	20.00				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
ACCOUNT # 5595740 Loyola Univ. Phyn's Foundation C/O I C S Collection Service P.O. Box 646 Oak Lawn, IL 60454-0646	30.00				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
ACCOUNT # 4596088 Loyola Univ. Phyn's Foundation C/O I C S Collection Services P.O. Box 646 Oak Lawn, IL 60454-0646	280.00				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
ACCOUNT # 138902212503 Loyola University Medical Ctr. 2160 South First Avenue Westchester, IL 60153	29.10				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
ACCOUNT # 127296011100 Loyola University Medical Ctr. 2160 South First Avenue Westchester, IL 60153	45.20				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					

**COMBINED CHAPTER 13 SCHEDULE D, E, & F** **PAGE 4**  
**CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
<u>ACCOUNT # 127296011001</u> Loyola University Medical Ctr. 2160 South First Avenue Westchester, IL 60153	194.90				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
<u>ACCOUNT # 126892211700</u> Loyola University Medical Ctr. 2160 South First Avenue Westchester, IL 60153	221.40				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
<u>ACCOUNT # 9872092</u> Mac Neal Hospital C/O Capital Management Serv. 2201 Niagara Street Buffalo, NY 14207	145.79				
NATURE OF CLAIM UNSECURED % MEDICAL BILL					
<u>ACCOUNT # 4370361950</u> Nicor Bankruptcy Department P.O. Box 190 Aurora, IL 60507	1567.02				
NATURE OF CLAIM UNSECURED % GAS BILL					
<u>ACCOUNT # 20-51174-9</u> Nuway/Tinley Park Disposal Svc 17726 South Oak Park Avenue Tinley Park, IL 60477	109.80				
NATURE OF CLAIM UNSECURED %					
<u>ACCOUNT # 708-535-7712-347</u> S.B.C./Ameritech Bankruptcy Desk P.O. Box 769 Arlington, TX 76004	360.93				
NATURE OF CLAIM UNSECURED %					

**COMBINED CHAPTER 13 SCHEDULE D, E, & F** **PAGE 5**  
**CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS**

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 3040606 St. Francis Hospital C/O O S I Collection Serv. 1375 East Woodfield Road Schaumburg, IL 60173-5447	40.00				

NATURE OF CLAIM UNSECURED % MEDICAL BILL

ACCOUNT # 28107 The McGrath Clinic, S.C. 12021 South Harlem Avenue Palos Heights, IL 60463	275.00				
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NATURE OF CLAIM UNSECURED %

ACCOUNT # Triple R Child Care 5500 West 147th Street Oak Forest, IL 60452	1453.72				
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NATURE OF CLAIM UNSECURED %

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**TOTAL UNSECURED - SCHEDULE F**    \$    12092.96

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TOTALS:            128965.47            SET PMTS UNDER PLAN            .00

BY CATEGORY:	#	AMOUNT
SECURED OUTSIDE	1	107000.00
SECURED INSIDE	2	8172.51
UNSECURED	24	12092.96
ADDITIONAL UNSECURED		1700.00
AT PERCENTAGE:	%	.00
PRIORITY	0	.00
SPEC CLASS	0	.00
AT PERCENTAGE:		.00
TOTAL PLAN	27	8172.51
TOTAL PLAN W/TRUSTEE & ATTY FEE:		10413.16

03/24/05



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

IN RE:

Ramon Ferralez ) NO.  
Dawn E. Ferralez )  
Debtor(s), )

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. Sec. 329(a) and Bankruptcy Rule 2016(b), I certify that I am the above-named debtor(s) attorney and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept..... \$ 2200.00

Prior to the filing of this statement I have received..... \$ 1100.00  
(INCLUDING COSTS)

Balance Due..... \$ 1294.00

2. The source of compensation paid to me was:

☐ Debtor ☒ Other (specify) Dawn Ferralez's brother

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.  
A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

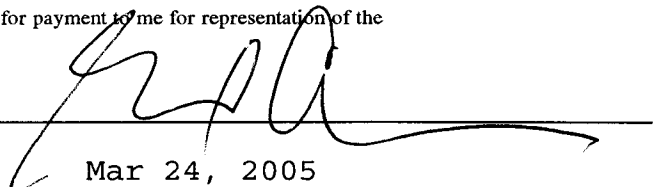
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**EDMUND G. UBRAN III**  
**URBAN & BURT, LTD.**  
Attorney for Debtors  
5320 W. 159th Street  
Oak Forest, IL 60452  
708/687-5200

  
Mar 24, 2005

IN RE: Ramon Ferralez & Dawm E. Ferralez

Case Number \_\_\_\_\_

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 27

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: Mar 24, 2005

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Joint Debtor

/s/ Edmund G. Urban III  
\_\_\_\_\_  
Attorney for Debtor